

## PART B—ISSUE FEE TRANSMITTAL

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Assistant Commissioner for Patents  
Washington, D.C. 20231

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

LUCY J BILLINGS  
INCYTE PHARMACEUTICALS INC  
3174 PORTER DRIVE  
PALO ALTO CA 94304

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## Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Wanda Warren

(Depositor's name)

*Wanda Warren*  
25 Sept. 1998

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART-UNIT	DATE MAILED
09/007,306	01/15/98	002	NASHED, N	1652 07/07/98
First Named Applicant	HILLMAN, JENNIFER L.			

PAPER TO BE RETURNED

TITLE OF INVENTION NOVEL GUANOSINE MONOPHOSPHATE REDUCTASE

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 PF-0182-1	424-094.400	G26	UTILITY	NO	\$1320.00	10/07/98

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Sheela Mohan-Peterson

2 Lucy J. Billings

3 Incyte Pharmaceuticals, Inc.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Incyte Pharmaceuticals, Inc.

(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY) Palo Alto, CA, USA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☐ Issue Fee☐ Advance Order - # of Copies \_\_\_\_\_

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Reg. No. 41,201

(Date)

Sept 25, 1998

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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10/08/1998 SHARRELL 00000168 090108 09007306

01 FC:142

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